U.S. Department of Labor Office of Labor-Management Standards Washington, OC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as arriended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

2707

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1/1/04 Through: (2/3)/04

Name and address of person filing.	4. Name, file number, and address of labor organization.
Name NANCE L BALLMAN	Name COMMUNICATION WORKERS OF AMERICA
	Labor Organization File Number OOO.188
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any SUITE 6
Street 225 E. ROSELAWN AV	Street 225 E ROSELAWN AV
City ST PAUL	City ST PAUL
State MN ZIP Code +4 55117- 1944	State MN ZIP Code + 4 55117 - 1946
5. Position in labor organization.	
Enter appropriate data below if, during the past fiscal year, you or your spo- (except as specified in the exclu-	use or minor child directly or indirectly had any of the following interests isions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name QWEST COMMUNICATIONS	CWA/QWEST MOSHC Safety Conference
Trade Name, if any:	Golden Colorado
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street 1801 CALTFORNTA	· air Jare / Triple to Demuer = 8224
City DENVER	· hotel / 2 mights = \$191 502 · mealo (6) = \$87 total
State COLOR ADO ZIP Code + 4 80202 - 263	o smealo (6) = 18 87 total
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany	Perjury and other applicable penalties of the law, that all of the information ing documents), has been examined by the signatory and is, to the best of the

8-11-05

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

651-774-720

Telephone Number

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.



1. File Number U -	2. Fiscal Year Covered From:
	1/1/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name NANCE L'BALLMAN	Name CWA LOCAL 720
	Labor Organization File Number 100018
P.O. Box, Bldg., Roorn No., if any SULTE Lo	P.O. Box, Building and Room Number, if any SUTTE
Street 225 E. ROSELAUN	Street 225 E ROSELAUN
City ST PAUL	City ST PAUL
State	State DN ZIP Code +4 5511.7 - 195
5. Position in labor organization. SECRETARY	CWA LOCAL 7201
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclusion).  A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name QWEST COMMUNICATIO	& CWA QWEST MOSHC
Trade Name, if any:	Saloty Conference Soldyn Oblorado
P.O. Box, Bldg., Room No., if any	4-21 - 4-23, 2004
Street 1801 CALIFORNIA	· hotel 2 nights = 191.
City DENVER	×502.00
State COLORADO ZIP Code + 4 80202 - 363	· moolo (v) 287. total
Sign	ature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing documents), has been examined by the signatory and is, to the cest of the
Signed Marice Ballimain	On 7-6-05 651-774-7201  Date Telephone Number

This being was	io a corrected Lm-30 for sent. Thy original form sent 7-6-05
SOLESA S Reco NG 16706 OLMS OF	Sincerely,  Tance Ballman